1941

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1932

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tunis Mills, Easton, Rural
MARYLAND (in this place) LENGTH OF STAY 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tunis Mills, Easton, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) Patterson (Last) Alvater

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 26 - 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Patterson
14. MOTHER'S MAIDEN NAME: Eliza Horney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Cecelia Soulsby, Easton, Md Rural

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Carcinoma of the breast	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) metastases	2 yrs.
DUE TO		
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Feb, 19 54, to 24 Feb, 19 54, that I last saw the deceased alive on 12 Feb, 19 54, and that death occurred at 12:55, from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Hospital DATE SIGNED 24 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/26/54
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/25/54
REGISTRAR'S SIGNATURE M. K. Harris
24. FUNERAL DIRECTOR J. D. Williams ADDRESS Easton Md

VS. A15

RECEIVED
MAR 5 1954
BUREAU V. S.

1942

M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01933

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORDOVA
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORDOVA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) ANDREW

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: MAY 14 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): TALBOT COUNTY MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE W. ANDREW

14. MOTHER'S MAIDEN NAME: SUSIE E. RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: 220-28-2553

17. INFORMANT & ADDRESS: Mrs John E. Andrew, Cordova Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331X Immediate cause	(a)	Bronchopneumonia	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral hemorrhage	5 weeks
	DUE TO		
	(c)	Malignant hypertension	14 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1941, to Feb 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE Lewis Lederer (DEGREE OR TITLE) M.D. ADDRESS Queen Anne Md. DATE SIGNED Feb 6, 1954

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: BURIAL

DATE THEREOF 2/8/54

NAME OF CEMETERY OR CREMATORY SPRING HILL CEMETERY

LOCATION (City, town, or county) (State) EASTON, MAYLAND

DATE REC'D BY LOCAL REG. 2/6/54

REGISTRAR'S SIGNATURE N. H. Neerux

24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md.

RECEIVED
FEB 11 1954
BUREAU V. S.

1943

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

01934

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood, X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Doram

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Any

11. BIRTHPLACE (State or foreign country): Wittman, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Frances Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clara Whittington 2056 W. Boston St. Philadelphia, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 4200	(a) Coronary occlusion	2 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension, arteriosclerotic heart, chronic valvular heart disease	5 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1945, to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Guy M. Reese by M. D. Tilghman ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF 2.26.54

NAME OF CEMETERY OR CREMATORY Sherwood

LOCATION (City, town, or county) Sherwood, Md. (State)

DATE REC'D BY LOCAL REG. Feb 25, 54

REGISTRAR'S SIGNATURE Mrs Robt L. Seth

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

RECEIVED
FEB 26 1954
BUREAU V. S.

1931

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01935

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville 17X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) (Last) Ector
4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1954

5. SEX: M
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 6, 1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): oyster packer
10b. KIND OF BUSINESS OR INDUSTRY: Oyster Packer
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lowelson Ector
14. MOTHER'S MAIDEN NAME: Susie McCoy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mrs Charlotte Ector

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Anemia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriolar nephrosclerosis

DUE TO

(c)

Interval Between Onset And Death: (?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Jan, 1954, to 5 Feb, 1954, that I last saw the deceased alive on 5 Feb, 1954, and that death occurred at 12 30 pm, from the causes and on the date stated above.

SIGNATURE Vernon Thee Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 6 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/8/54
NAME OF CEMETERY OR CREMATORY Grasonville
LOCATION (City, town, or county) Grasonville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/54
REGISTRAR'S SIGNATURE N. H. Nerrus
24. FUNERAL DIRECTOR James B. Daniell ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1954
BUREAU V. S.

1932

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01936

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Easton — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural give location) 05X-2

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) C. (Last) Gibson

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 2, 1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr. Peter Cooper

14. MOTHER'S MAIDEN NAME: Lavina Jarrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Robert M. Gibson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0
Immediate cause (a) Arteriosclerosis, generalized — ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 19c. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1954, to 2-6, 1954, that I last saw the deceased alive on 2-6, 1954, and that death occurred at 8:03 AM, from the causes and on the date stated above.
SIGNATURE M Cooper — (Degree or title) M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/9/54 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR 2/7/54 — REGISTRAR'S SIGNATURE N.A. Nevins

24. FUNERAL DIRECTOR J.E. Boulais — ADDRESS Greensboro, Md.

VS. A15

RECEIVED
FEB 16 1954
BUREAU V. S.

1933 - M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rt 4; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4; STREET ADDRESS (If rural give location) 144 N. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last)

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 26, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Paper hanger

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert James

14. MOTHER'S MAIDEN NAME: Matilda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Emma De James (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) arteriosclerosis generalized — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: Yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....1946, to 2/23/54, 1954 that I last saw the deceased alive on 2/23/54, 1954 and that death occurred at 10 10 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 2/27/54; NAME OF CEMETERY OR CREMATORY Spring Hill; LOCATION (City, town, or county) Easton (State) Md

DATE/REC'D BY LOCAL REGISTRAR 2/26/54; REGISTRAR'S SIGNATURE M.B. Nelms

24. FUNERAL DIRECTOR John D. Williams; ADDRESS Easton Md

VS. A15

1934

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Joiner

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-15-10
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr William Joiner
14. MOTHER'S MAIDEN NAME: Florence Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Pearl Joiner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

270 X

Immediate cause (a) Cerebral anoxia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypoglycemia

DUE TO

(c) Hyperinsulinism

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) M.D. ADDRESS Easton Memorial Hosp DATE SIGNED 26 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 23rd
NAME OF CEMETERY OR CREMATORY Denton Cem
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS

1944

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) V. (Last) Lednum

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Feb 15, 1881

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wittman, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Haddaway

14. MOTHER'S MAIDEN NAME: Emily Haddaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Fred Greenfield, Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 420.0 Coronary - Occlusion	5 mts
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension, Arteriosclerotic Heart Disease	5 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Feb 25, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE Gaylord Russell M.D. (DEGREE OR TITLE) ADDRESS Baltimore, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** Feb 27 1954 — **NAME OF CEMETERY OR CREMATORY** Olivet Cemetery — **LOCATION** (City, town, or county) (State) St. Michaels, Maryland

DATE REC'D BY LOCAL REG. Feb 26, 1954 — **REGISTRAR'S SIGNATURE** Mrs Robt L. Seth

24. FUNERAL DIRECTOR S. Hampleton Harrison — **ADDRESS** St. Michaels Md.

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1935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton | LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Moore

4. DATE OF DEATH: (Month) FEB. (Day) 2 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 3, 1875

9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Isaac Moore

14. MOTHER'S MAIDEN NAME: Sara Emmett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs Oclavia Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary occlusion

DUE TO

(c)

Interval Between Onset And Death: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5th, 1954, to Feb 2nd, 1954, that I last saw the deceased alive on 2 Feb, 1954, and that death occurred at 2:21 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 5, 1954 | NAME OF CEMETERY OR CREMATORY Denton | LOCATION (City, town, or county) Denton, Md (State)

DATE REC'D BY LOCAL REGISTRAR 2/3/54 | REGISTRAR'S SIGNATURE N. H. Merrick | 24. FUNERAL DIRECTOR Charles V. Moore | ADDRESS Denton Md

VS. A15

RECEIVED
FEB 11
BUREAU V. S.

1945

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton RD X
LENGTH OF STAY (in this place) 10d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) Willis (Last) Noble

4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 4-11-1901

9. AGE last birthday 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canning

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) N.J.

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME C. Fulton Noble

14. MOTHER'S MAIDEN NAME Cora Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 212-01-2028

17. INFORMANT AND ADDRESS Mrs. Mollie Noble Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - Multiple fracture — Interval Between Onset and Death: 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest & head injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Rural Denton (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) Feb (Day) 8 (Year) 54 (Hour) 11 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Two Cars collided

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].

SIGNATURE (Degree or title) Dawson D. George Deputy Medical Examiner Denton, Md

ADDRESS

DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/11/54

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 2/9/54

REGISTRAR'S SIGNATURE N.H. Neerie

24. FUNERAL DIRECTOR T. M. Hollis

ADDRESS Preston, Md.

FEB 1
V. S.

1946

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton (Rural) ✓
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) May (Last) Parks
4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 15, 1931
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Howard Davis
14. MOTHER'S MAIDEN NAME: Eleanor Asquith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-30-2638
17. INFORMANT & ADDRESS: Mrs. Eleanor Davis, 110 Forbes St. West Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 823X (a) Multiple injuries due to
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auto accident
DUE TO
(c)

Interval Between Onset And Death: Min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hiway (CITY OR TOWN) nr Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 2 (Day) 3 (Year) 54 (Hour) 11P m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? passenger in automobile

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Louis S Welty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 2-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 2-6-54
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Annapolis, Anne Arundel, Md.
DATE REC'D BY LOCAL REGISTRAR 2/4/54
REGISTRAR'S SIGNATURE N. H. Neerey
24. FUNERAL DIRECTOR Maurice E. Newnam & Son - ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 890

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 hrs; 2 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 119 Hammond St.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Elizabeth (Last) Patter

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 11-16-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis Milton Blake
14. MOTHER'S MAIDEN NAME: Betty Louise Patter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Betty Louise Patter, 119 Hammond St. Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500 X

Immediate cause (a) Trachea-bronchitis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

~~DUE TO~~ (b) Multiple congenital defects

~~DUE TO~~ (c) absence of fever-bilateral

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19...., that I last saw the deceased alive on Pathological ....., 19...., and that death occurred at 11:02 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Cl. Schmidt, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 15 Feb 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/10/54
NAME OF CEMETERY OR CREMATORY Richard
LOCATION (City, town, or county) (State) Easton Md
DATE REC'D BY LOCAL REGISTRAR 2/10/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Daniell ADDRESS Easton, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01941

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) (Last) Quillen, Sr.
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1954
5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 19-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mrs Moses Quillen
14. MOTHER'S MAIDEN NAME: Ruth Nickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mary E. Quillen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) myocardial infarction — Interval Between Onset And Death 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic coronary disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1954, to 2/20, 1954, that I last saw the deceased alive on 2/20, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/23/54
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 3

1938

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Reeves

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: September 17, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonzo Warfield
14. MOTHER'S MAIDEN NAME: Margaret Trego

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Robert Reeves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-, 1953, to 2-20-, 1954, that I last saw the deceased alive on 2-20-, 1954, and that death occurred at 1:57 A.M from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/22/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

MAR 2

1947

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) Austin (Last) Samis
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 17, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Janitor
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Cordova
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abram Henry Samis
14. MOTHER'S MAIDEN NAME: Alice C. Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-20-2818
17. INFORMANT & ADDRESS: Mrs Aaron A. Samis, Cordova, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: one minute

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Coronary Sclerosis — 3 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1931, to Feb. 1, 1954, that I last saw the deceased alive on Jan. 27, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE E. Paul Knotts (Degree or title) MD ADDRESS Denton Md DATE SIGNED Feb. 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Feb. 3 1954 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/2/54 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

BUREAU V. S.

Film#G161 Item# 9 2/23/54 emf

1939

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01947

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 hrs - 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural give location) 17X-2

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) H. (Last) Willis

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married)

8. DATE OF BIRTH: Feb. 19, 1888

9. AGE last birthday: HH 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Willis

14. MOTHER'S MAIDEN NAME: Mary Roberts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs Blanche Willis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral-Vascular-Accident	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Cardio-Vascular disease	Years
	(c) DUE TO	

443X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from August 19 53, to 2-11, 19 54, that I last saw the deceased alive on 2-11- 19 54, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE Ronald H. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 2-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** 2/13/54 — **NAME OF CEMETERY OR CREMATORY** Spence Hall — **LOCATION** (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 2/12/54 — **REGISTRAR'S SIGNATURE** M.H. Nedrie — **24. FUNERAL DIRECTOR** — **ADDRESS** Easton Md

RECEIVED
FEB 18 1924
BUREAU V. S.

1940

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

D D A 01948

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 46
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles Edward Young

4. DATE OF DEATH (Month) (Day) (Year): 21 11 1954

5. SEX: Male
6. COLOR OR RACE: B.
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: April 10, 1890
9. AGE last birthday: 63 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. Young
14. MOTHER'S MAIDEN NAME: Henny Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Leonard Wert
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Gertrude - Babes

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Louis Whitty MD DME
ADDRESS: Easton Md
DATE SIGNED: 2-13-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/14/54
NAME OF CEMETERY OR CREMATORY: Richards
LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REG.: 2/12/54
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: James B. Dorhiell, Easton, Md.
ADDRESS

RECEIVED
FEB 18 1954
BUREAU V. S.